

CITY OF JANESVILLE

NEIGHBORHOOD & COMMUNITY SERVICES

18 N. JACKSON ST. P.O. BOX 5005
JANESVILLE, WI 53547-5005

NOTE TO CONTRACTORS:

City of Janesville Housing Programs emphasize the importance of craftsmanship and quality materials in the performance of work. Work on buildings of architectural/historical importance must be performed in a manner compatible with the building's character. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, the City of Janesville Neighborhood and Community Services Department has established a pre-qualification procedure for Contractors and maintains a list of pre-qualified Contractors in the respective trades. Contracts for work under City of Janesville Housing Programs are awarded only to pre-qualified Contractors. More information regarding procedures for contracting are outlined in the Home Improvement Program Manual which is available upon request.

If, in the opinion of the Neighborhood and Community Services Department, the contractor meets the Program's standards for qualified contractors, the Contractor's name will be placed on a list of Qualified Contractors, according to trade or specialty. You may be contacted by either the homeowner or Department staff to provide an estimate and agree to do so free of charge and in a timely manner.

The Neighborhood and Community Services Department reserves the right to cancel or withdraw names from its approved list of Qualified Contractors at any time or require additional information, including a financial statement from contractors as a necessary prerequisite to pre-qualification.

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

1. Agree to provide equal employment opportunities, as evidenced by Contractor's signature on the Equal Opportunity Employment statement (attached).
2. Agree to warranty all work, materials and workmanship, performed under City of Janesville Housing Programs for a minimum of one year.
3. Submit or have an agent submit a Certificate of Insurance, confirming the insurance required by the Program.
4. Provide proof of training or certification of all workers who perform lead-based paint activities as required by HUD. (If disturbing paint on properties built prior to 1978). For more information call us or contact HUD 1-866-483-1012.
5. Provide a copy of any other required licenses or certifications (Dwelling Contractor Certification, Dwelling Contractor Qualifier Certification, Wisconsin Lead Safe Renovator Certification, Plumbing, Heating, Electrical, etc.)

PAYMENT PROCEDURES:

The Neighborhood and Community Services Department disburses funds only for work completed. Progress payments will be considered upon request. All requests for payments that are received in our office by 4:30 p.m. on Friday will be processed for payment and mailed out the following Friday if a satisfactory progress inspection has been made.

If you should have any questions, please call (608) 755-3065.

Thank you in advance for your cooperation.



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NEIGHBORHOOD & COMMUNITY SERVICES

18 N. JACKSON ST. P.O. BOX 5005

JANESVILLE, WI 53547-5005

PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

DATE: _____

Federal Tax ID # _____

Social Security # _____

GENERAL INFORMATION

1) CONTRACTOR: Name _____ Phone _____
Address _____ Fax. # _____
Cell. # _____
E-mail : _____ Checked how often? _____
(Daily, weekly etc.)

2) ORGANIZATION (check):
☐ Sole proprietorship; owner's name _____
☐ Partnership; partner's name _____
☐ Corporation; office's names _____
☐ Other; specify _____
☐ Union ☐ Non-union ☐ Minority Business Enterprise (see attached) ☐ Section 3 Business (see attached)
When organized? _____ Where Incorporated? _____ How long? _____
Have you contracted under any other name(s)? ☐ No ☐ Yes, explain _____
Have you ever failed to complete work awarded to you? ☐ No ☐ Yes, explain _____
Have you ever defaulted on a contract? ☐ No ☐ Yes, explain _____
Have you been or are you a party to a lawsuit? ☐ No ☐ Yes, explain _____

Are you currently listed as an ineligible contractor by the U.S. Department of Housing & Urban Development? ☐ No ☐ Yes, explain _____

3) FORMAL RECOGNIZATIONS (if any): _____ As recognized by: _____
☐ Apprentice _____
☐ Journeyman _____
☐ Master _____
☐ Other, specify _____

4) LICENSES HELD (if any): # _____ Exp. Date: _____
(Incl. certifications) # _____ Exp. Date: _____
_____ Exp. Date: _____

5) WORK PERFORMED BY YOU – NOT SUBCONTRACTED (check all that apply):

100 ☐ General Contracting (all of below apply) ☐ Carpentry ☐ Rough ☐ Finish ☐ Specialty, Specify: _____

200 ☐ Concrete: ☐ footings & foundation ☐ flat work

300 ☐ Electrical

400 ☐ Floor covering ☐ Tile ☐ Vinyl ☐ Ceramic ☐ Wood ☐ new ☐ refinish

500 ☐ Mechanical, (HVAC) Specify _____

600 ☐ Painting ☐ Wall Covering

700 ☐ Plumbing

800 ☐ Roofing ☐ flat ☐ pitched ☐ steep ☐ Siding (type) _____ ☐ Windows ☐ aluminum covering

900-000 ☐ Abatement ☐ lead ☐ asbestos ☐ Cleaning ☐ Excavating/Landscaping ☐ Garage Doors

☐ Gutters & Downspouts ☐ Insulation/Weather-stripping ☐ Waterproofing ☐ Kitchen/Bath

☐ Masonry/Brick ☐ Pest Control ☐ Plaster/Drywall ☐ Tree Removal ☐ Water Heating/Conditioning

☐ Window Glass/Glazing ☐ Other, Specify: _____

QUALIFICATIONS

CITY OF JANESVILLE

NEIGHBORHOOD & COMMUNITY SERVICES

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JANESVILLE, WI 53547-5005

6) Are you a minority* or woman-owned business? ☐ Yes ☐ No

* Minority or woman-owned business means a business entity at least 50% of which is owned by minority group members or in the case of a publicly owned business, at least 51% of the stock of which is owned by minority group members. For the purpose of this definition, minority group members shall include Women-owned, Black, Hispanic, Asian, and Native Americans.

The minority group involved is: (check all that apply)

	<u>Male-owned</u>	<u>Woman-owned</u>	<u>Corporation</u>
White American	---	<input type="checkbox"/>	<input type="checkbox"/>
Black American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Are you a Section 3 Resident or Business Concern? ☐ Yes ☐ No

If Yes, please complete Exhibit 1

1. Residents of Public and Indian Housing; or
2. Individuals that reside in the metropolitan area or non-metropolitan county in which the Section 3 covered assistance is expended and whose income do not exceed the local HUD income limits set forth for low or very low-income households.

*Please note HUD income limits for 2019 are:

- ≤ \$38,300 for a single person household
- ≤ \$43,800 for 2 persons household
- ≤ \$49,250 for 3 persons household
- ≤ \$54,700 for 4 persons household

Section 3 Business Concerns Are One of the Following:

1. Businesses that are 51 percent or more owned by Section 3 residents;
2. Businesses whose permanent, full-time employees include persons, at least 30 percent of who are currently Section 3 residents or within three years of the date of first employment with the firm were Section 3 residents; or
3. Businesses that provide evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of all subcontractors to be awarded to businesses that meet the qualifications described above.

In accordance with the regulation, residents and business concerns seeking Section 3 preference shall certify, or submit evidence to the recipient, contractor, subcontractor or sub-recipient (if requested) verifying that they meet the definitions provided above.

8) INSURANCE: (see attached) NOTE: CERTIFICATE OF INSURANCE TO BE PROVIDED BY AGENT

Name of Company: _____
Agent Name: _____ Phone _____
Address: _____

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JANESVILLE, WI 53547-5005

9) SUPPLIERS: (list all major suppliers from whom materials will be purchased)

10) SUBCONTRACTORS: (list all subcontractors you usually utilize)

11) HISTORIC RESTORATION: Explain any relevant experience you may have had in the renovation of buildings of architectural/historical importance: _____

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12) REFERENCES: (list references from three recent projects you have completed)

- | | | |
|---------|---------|-------|
| a. Name | Address | Phone |
| b. Name | Address | Phone |
| c. Name | Address | Phone |

Location of current project: _____

13) OTHER QUALIFICATIONS OR COMMENTS: _____

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I hereby certify that the information provided herein is, to the best of my knowledge and belief true, accurate and complete.

Date

Authorized Signature of Contractor

Firm

(STAFF USE ONLY)

DATE:

ACTION TAKEN:

QUALIFICATIONS

EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex or national origin. Such action shall include, but not be limited to employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Home Improvement Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Home Improvement Program contracts.

Date

Authorized Signature of Contractor

Firm

CONTRACTOR'S WARRANTY

This is to certify that the undersigned Contractor hereby warrants as follows:

- 1) That all materials used in the performance of the work funded through City of Janesville Housing Programs shall be free from defect,
- 2) That all work performed and funded through City of Janesville Housing Programs shall be free from defect of faulty workmanship,
- 3) That the Contractor shall, at Contractor's expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from the Neighborhood and Community Services Department at any time up to one (1) year from the date of the final payment to the contractor covering such work and do so in a timely manner,
- 4) That the Contractor will furnish the owner with all applicable manufacturer's and supplier's written guaranties and warranties covering materials and equipment installed or constructed,
- 5) That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor,

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Home Improvement Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further City of Janesville Housing Programs.

Date

Authorized Signature of Contractor

Firm

CITY OF JANESVILLE

ACCOUNTS PAYABLE
18 N. JACKSON STREET
P.O. BOX 5005
JANESVILLE, WI 53547-5005

VENDOR QUESTIONNAIRE

We are requesting that you take a few minutes to complete the following questionnaire and the enclosed IRS W-9 form. This information is being requested in order that we may comply with various Federal, State and Equal Opportunity requirements. Please note that failure to provide a Taxpayer Identification number may result in a \$50.⁰⁰ fine being imposed by the IRS and future payments being subject to a 20% withholding for Federal taxes. Thank you for your attention to this matter. If you have any questions, contact Accounts Payable at (608) 755-3017. Please complete and return with your application.

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contact Person: _____

Please check the box that best describes your business.

1. Are you incorporated? ☐ Yes ☐ No

2. Are you an exempt governmental agency or tax exempt organization? ☐ Yes ☐ No

3. Nature of your business _____

4. Check box that best describes the type of services provided by your business. (check all that apply)
☐ Materials only ☐ Services only ☐ Both materials & services ☐ Rentals ☐ Professional fees
☐ Other (describe) _____

Insurance Coverage

Each Contractor, in order to become pre-qualified to perform work under the Home Improvement Program, shall purchase, maintain current and furnish evidence of the following insurance:

1. GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with the following MINIMUM limits of liability:

--BODILY INJURY \$500,000 each occurrence, \$1,000,000 aggregate

--PROPERTY DAMAGE \$500,000 each occurrence, \$1,000,000 aggregate

Or

--COMBINED SINGLE LIMIT \$500,000 each occurrence, \$1,000,000 aggregate

2. WORKER'S COMPENSATION with statutory limits.

NOTE: The Neighborhood and Community Services Department reserves the right to:

- a) Waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk.
- b) Raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk.
- c) Require additional types of coverage as needs arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above. A Certificate of Insurance naming the City of Janesville as the certificate holder will be presented to Neighborhood and Community Services Department staff prior to the start of any work.

CONTRACTOR REQUEST FOR PAYMENT PROCEDURE

To request a payment, please take the following steps:

1. Prepare an invoice for the work that has been completed. Be detailed and use the contract bid proposal break-down as a reference.
2. Contact the Housing Rehabilitation Specialist (phone, fax, e-mail or in person) to obtain CONTRACTOR PAYMENT REQUEST form. **Copies of previous forms will no longer be accepted.**
3. Fill out the "CONTRACTOR'S REQUEST" section. Be sure to write in the amount of your request, sign and date it.
4. The **Contractor must obtain the homeowners approval.** The signature of the homeowner must appear in the "CLIENT'S APPROVAL" section.
5. Mail, fax, e-mail or drop off along with a copy of any **permits, lien waivers or any other documents.** (when required)

GENERAL NOTES:

An inspection of the work must be done by the Rehabilitation Specialist and any other required inspections must also be completed prior to release of payment.

All requests that are received in our office by 4:30 p.m. on Friday will be processed for payment and issued by the following Friday.* Processing times may vary during the week of a Holiday. (Check with Neighborhood & Community Services for exact schedule.) Business Hours are 7:30 a.m. - 4:30 p.m. Monday thru Friday. ***Due to changes in our accounting system and procedures, additional time may be needed in order to receive your first payment.**

Checks will be mailed (or transferred) on the following Friday. (Unless it falls on a Holiday, in which it would be the previous business day.) If you wish to have your check directly deposited by EFT please request, complete and submit an enrollment form (available upon request). **EFT's & Mail may take 2-3 business days before received.**

IMPORTANT: All lien waivers must be submitted prior to receiving a partial or full payment. Checks will be held if work is incomplete, material waivers are not received, essential documentation is missing, necessary permits have not been obtained and/or all required inspections have not passed. (Including inspections required by any other departments, programs or agencies.)

If you have any questions, please contact Chelsea at (608) 755-3109 voldenstammenc@ci.janesville.wi.us or Carrie at (608) 373-3441 clarkc@ci.janesville.wi.us Fax # (608) 755-3207 or by mail:

City of Janesville
Neighborhood & Community Services
P.O. Box 5005
18 North Jackson Street
Janesville, WI 53547-5005
(608) 755-3065

Exhibit 1
CITY OF JANESVILLE
CERTIFICATION FOR BUSINESS CONCERNS SEEKING SECTION 3

ELIGIBILITY FOR PREFERENCE IN CONTRACTING
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Name of Business _____

Address of Business _____

Contact Person _____ Title _____

Primary Phone #: _____ Email address: _____

Type of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture

The Business Concern certifies that it is a Section 3 Business Concern based on:

_____ Business is owned, at least 51%, by Section 3 Residents

- Provide copy of resident lease, evidence of participation in a public assistance program, receipt of public assistance, or signed certification for Section 3 resident.

_____ At least 30% of their permanent, full-time employees are currently Section 3 Residents or were Section 3 Residents within the past 3 years

- Provide a list of all current full-time employees, a list of employees claiming Section 3 status, and signed certifications for employees claiming Section 3 status.

_____ Commitment to subcontract 25% of the dollar award to qualified Section 3 Business Concerns.

- Provide list of subcontracted Section 3 business(es) and subcontract amount.

Additional information may be required at the time the RFQ/RFP/IFB is distributed. This information may include, but is not limited to: current financial statement, list of all contracts for the past two years (with contact information) copy of articles of incorporation, certificate of good standing, assumed business name certificate, partnership agreement, list of owners/stockholders with % ownership of each, corporation annual report, latest board minutes appointing officers, organization chart with names and titles and brief function statement.

The City of Janesville cooperates with the City of Beloit and Rock County in our goal of expanding economic opportunities for low and very-low income persons. Please check here ☐ if you would like us to share this information. Sharing this information means that you would be contacted when contracting opportunities are available in their jurisdictions.

I hereby certify that the information provided by me to be true and correct, and understand any falsification of any of the information could subject me to disqualification from participation and punishment under the law.

Authorizing Name and Signature

Attested by